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# **POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM**

Application Number: 10-595,556  
Filing Date: 04/28/2006  
First Named Inventor: Jean Michel Aulon  
Title: Carton with Dispensing Feature for  
Art Unit:  
Examiner Name:  
Attorney Docket Number: D-17045

I hereby revoke all previous powers of attorney given in the above-identified application.

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26572

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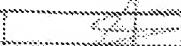
Email

I am/are:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 2.11.  
(Statement under 37 CFR 2.13(b) is enclosed. (Form PTO-550/06))

**SIGNATURE of Applicant or Assignee of Record**

Signature:   
Name: Jean Michel Aulon  
Title and Company: MudWestvac Europe Engineering  
Date: 08/01/2007  
Telephone: 438 2.54.29.18.10

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 1 forms are submitted.

The collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to assist or retain a benefit by the public which is to file (and to be processed) an application. Confidentiality is governed by 35 U.S.C. 120 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, reviewing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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